

The **care**
you **need.**
The **compassion**
you **deserve.**



Oncology Annual Report 2013



ARCHBOLD



As Chair of the Cancer Committee, it is my privilege to serve a committee that clearly demonstrates a commitment to quality patient care as the focal point of its activities. Weekly multidisciplinary cancer conferences are open to all Medical Center medical staff members for case presentations, which is a key component to quality patient-centered care. Ancillary professional and support staff are present at these conferences to offer their recommendations for diagnosing and treatment planning as well. Our commitment to a multidisciplinary approach to patient-centered care is demonstrated in this report to the public. Our longstanding record for delivering exceptional care is an accomplishment we can all be proud of as we move forward. The oncology program continues to meet the high standards set forth by the American College of Surgeon's Commission on Cancer for accreditation.

I congratulate the medical staff, nurses, cancer registry, ancillary staff and administration on their collaborative efforts to promote patient-centered care at Lewis Hall Singletary Oncology Center, which is reflected in the national recognition of our cancer program.

Respectfully,

J. Steven Johnson, MD
Chair, Radiation Oncology
Lewis Hall Singletary Oncology Center, Archbold Memorial Hospital

2013 Cancer Committee Members

The Cancer Committee provides oversight for the Cancer Program at Archbold Memorial Hospital. Under the direction of the members of the Cancer Committee, multidisciplinary cancer conferences were held weekly. The meetings were open to Archbold medical staff members for case presentation and review. Ancillary and other professional support staff attended cancer conference meetings for diagnosis and treatment planning discussion.

J. Steven Johnson, MD
Chair, Radiation Oncology

Teresa Coleman, MD
Medical Oncology

Penny Heinrich, MD
Medical Oncology

Brian Gaupp, MD
Medical Oncology

Taren Ohman, MD
Medical Oncology

Amanda May, MD
Medical Oncology

Mel Hartsfield, MD
Vice President of Medical Affairs

Seth Sherman, MD
Diagnostic Radiology

John A. Mansberger, MD
Integrative Medicine

John D. Pham, MD
Pathology

Bradley Atherton, R. Ph.
Pharmacy

Debbie Beeson, MS
Oncology Breast Navigator

Leslie Swords, RN, OCN
Oncology Nurse Navigator

Dawn Bishop, RN, MSN, AOCNS
Director of Nursing

Ken Brooker, RN, MHA
Vice President of Clinical Services

Fain Folsom, RN
Quality Improvement Director

Colette Hilliard, MS, CCRC
Oncology Research Coordinator

William Tustin, MHA, RT(T)
Administrator of Oncology Services

Mark Lowe
Assistant Vice President of
Marketing & Public Relations

Megan Powell
Director of Marketing and Public Relations

Pam Miller, RN, MSN
Vice President of Archbold
Health Services

Emily LaMontagne
American Cancer Society

Almeda Simpson, R. Ph. FASCP
VP of Clinical & Community Outreach

Frances Turner, RHIA, CPHQ, CCS, BA, TR
Director of HIM

Donna Coker
Tumor Registry

Janet Washington
Tumor Registry

Sheri Walters
Clinical Manager of Hospice

Courtney Houston, MD

Jill Heard, RN
Oncology Unit Manager

Barbara H. McCollum, MD

Nicholas J. Quinif, MD

David A. Saunders, MD
Cancer Liaison Physician

Terry Trent, MSW
Oncology Social Worker

Kathleen West, RN
Inpatient Rehabilitation

Vicki Bennett, CTR
Oncology Data Supervisor

Danielle Bach
Nutrition Services

Multidisciplinary Treatment

Comprehensive patient services and programs.

Because cancer can be overwhelming, we offer a multidisciplinary treatment approach to help simplify things for our patients. Our comprehensive range of patient services and programs are conveniently located under one roof, a model of care that really illustrates how our patients remain at the forefront of our program's design.

Comprehensive Patient Services and Programs at the Singletary Oncology Center

- Hematology and Medical Oncology
- Radiation Oncology
- Gamma Knife Center
- Outpatient Infusion Suite
- Patient Navigation Program
- Clinical Research and Clinical Trials
- On-site Pharmacy
- Hospice Services
- Nutrition Services
- Counseling and Social Services
- Survivorship Navigation



*Taren Ohman, MD
Medical Oncology*

*Brian Gaupp, MD
Medical Oncology*

*Amanda May, MD
Medical Oncology*

*J. Steven Johnson, MD
Chair, Radiation Oncology*

*Teresa Coleman, MD
Medical Oncology*

*David A. Saunders, MD
Cancer Liaison Physician*

*Penny Heinrich, MD
Medical Oncology*



“Gamma Knife allows us to treat patients who formerly **would have been considered inoperable.”**

Gerald Kadis, MD
Neurosurgery



Ten Years of Success

It’s “destination” cancer care at our Gamma Knife Center.

It’s been a decade since the Archbold Foundation received a generous gift that provided the opportunity for Archbold Memorial Hospital to purchase Leksell’s Gamma Knife—state-of-the-art radiosurgery equipment that has revolutionized treatment for patients in the region with brain disorders and cancer metastases.

In just 10 years, the Gamma Knife Center at Archbold’s Singletary Oncology Center has an impressive track record. The team has treated 1,157 benign and malignant lesions in 720 patients from 55 counties in 10 states.

The team is composed of neurosurgeons Craig A. Fredricks, M.D., and Gerald Kadis, M.D.; radiation oncologists Steve

Johnson, M.D., and David Saunders, M.D.; physicist, Ramesh Nair, Ph.D.; and a specially trained registered nurse, Janet Collins, R.N.

From physics to radiation oncology to neurosurgery and nursing, the dynamics of Archbold’s Gamma Knife team haven’t changed in the last decade, and that’s a primary reason the program is successful.



Greater Access to Care

Cancer care, close to home.

Providing access to cancer care is an important part of our program initiative—we strive to bring care closer to home, eliminating the travel barrier for patients going through treatment or receiving follow-up care.

In 2013, our medical oncologists increased their presence in Mitchell County at the Archbold-Mitchell Specialty Clinic, offering more appointment options for medical oncology patients that reside in Camilla, Georgia, and surrounding cities.

Also in 2013, the Archbold-Bainbridge Specialty Clinic opened in Bainbridge, Georgia, to provide Decatur County residents greater access to specialty services in a way that is close to home. The 8,500 square-foot state-of-the-art multi-specialty medical building offers medical oncology services, including infusion services, five days a week to the residents of Decatur County.

Patient Navigator Program

Helping patients from diagnosis, to treatment and into survivorship.

Since 2010, our patient navigator program has helped alleviate some of the stress that comes with a cancer diagnosis. In 2013, we added an additional full-time nurse navigator to help meet the demands of patients and be a point of contact for the needs that arise as the patient transitions from diagnosis, to treatment, to recovery and to survivorship.

The nurse navigators also assist patients with supportive care needs such as art therapy, massage therapy, acupuncture, cancer rehabilitation, and financial assistance—all resources that are available to patients at the oncology center.

“My nurse navigator helped to guide me through some of my toughest days. She was truly my angel.”

Gerriann Kennedy
Oncology patient
Breast cancer survivor



“Studies have shown that **patients who participate in clinical trials have better treatment outcomes.**”

Teresa Coleman, MD
Medical Oncology



Clinical Research and Clinical Trials

Research and clinical trials put patients first.

The Lewis Hall Singletary Oncology Center continues to bring cancer patients the most promising approaches to cancer prevention, diagnosis, and treatment through participation in clinical trials and research studies. Medical oncologist Teresa Coleman, MD, serves as the Medical Director of Clinical Trials at the Singletary Oncology Center and she works closely with our clinical research coordinator in identifying appropriate trials for our community.

We are continuing to seek additional opportunities for clinical trials, including enhancing existing relationships with NCI-designated cancer centers and various pharmaceutical organizations throughout the US.

As of December 2013, seven percent (7%) of our patients were enrolled in clinical trials.

Cancer in Our Community

Cancer is the second-leading cause of death among all diseases, both nationally and in Georgia. Statistically, however, Thomas County's rate of mortality for all cancers is at the lowest point over the period of 2007–2011, according to the most recent data released by the Georgia Department of Public Health (GDPH). This somewhat mirrors an overall trend in Georgia, though it is hard to make any causal inferences regarding the decline. Death from some cancers, such as colon cancer, exceed Georgia's average, according to the GDPH South Health District.

Archbold reaches out to the community in many ways. Community Benefit is an Archbold Core Value and the term we use for our efforts to address unmet health-related needs in our region.

A large part of that effort and a major responsibility of our organization is to identify the most prevalent diseases in those communities and subsequently develop and implement plans to improve our disease states. One of the most common strategies we use to address these needs is through free or reduced-fee screenings, as shown on these pages.

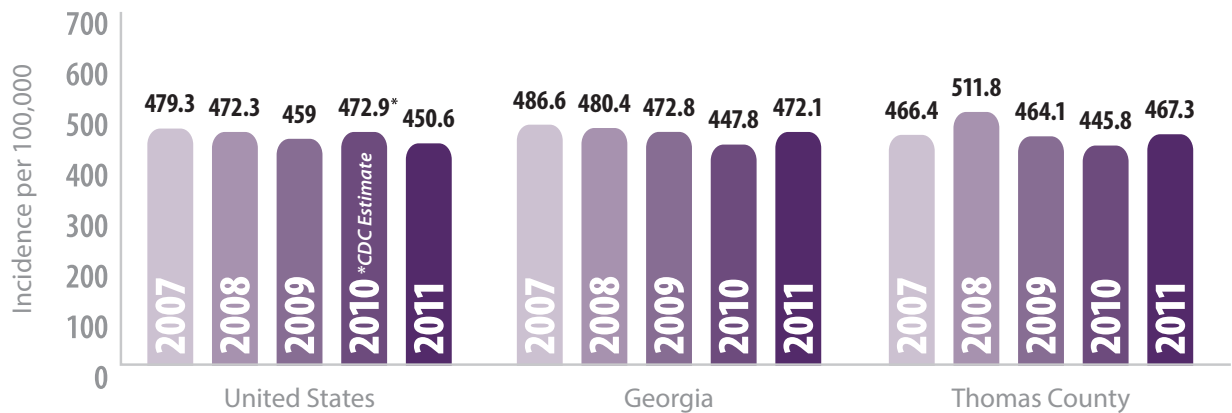
CANCER INCIDENCE SNAPSHOT: 2011

New cases. All cancer sites combined. Age adjusted. Data source: GDPH: State, County



CANCER INCIDENCE: 2007, 2008, 2009, 2010, 2011

New cases. All cancer sites combined. Age adjusted. Data source: GDPH: State, County



Local and Distant Recurrence Rates at Archbold 1988–2013

A Study at the Singletary Oncology Center

Ductal Carcinoma in situ (DCIS) is the most frequently diagnosed form of non-invasive breast cancer. It is being diagnosed with a significantly increasing frequency due to increased use of screening and improved awareness of breast cancer as a result of massive efforts of cancer officials and clinicians over the past 3 decades. DCIS is almost always detected by mammography and rarely forms a mass. If untreated, the risk of conversion to to invasive disease is approximately 25–30%.

Currently, the most common treatments recommended for DCIS are total mastectomy, lumpectomy + XRT (BCS + XRT), lumpectomy alone in certain special circumstances and, more recently, accelerated partial breast irradiation (APBI) such as Mammosite or Contura brachytherapy or local external beam photon or electron irradiation after lumpectomy. Reported survival rates are uniformly high

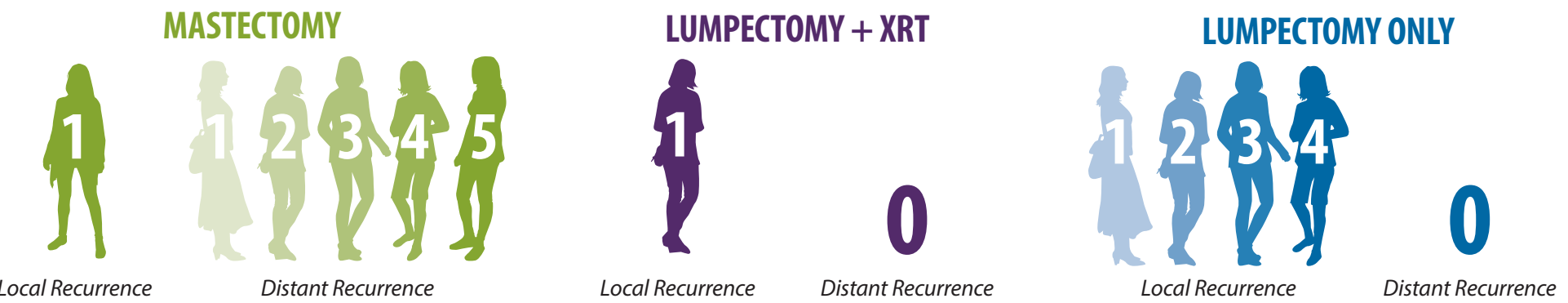
as are local control rates which approach 95–100% in most studies with little or no differences based on treatment modality.

This study looked at all DCIS patients treated in Archbold's program from 1988–2013 stratified by treatment type in order to compare our results with historically published reports from the larger institutions. In that time span there were a total of 383 cases of DCIS diagnosed and treated at Archbold 12 of which resulted in local recurrences. In our study, local recurrences have been rare which is well below the published expected rates. Our local recurrence rate after lumpectomy + XRT is 1/20th of the usual expectation. Of significantly greater interest are the distant recurrences noted in our study. There were 5 total distant recurrences in excellent concordance with previously published data. All 5 of these distant recurrences were following primary treatment

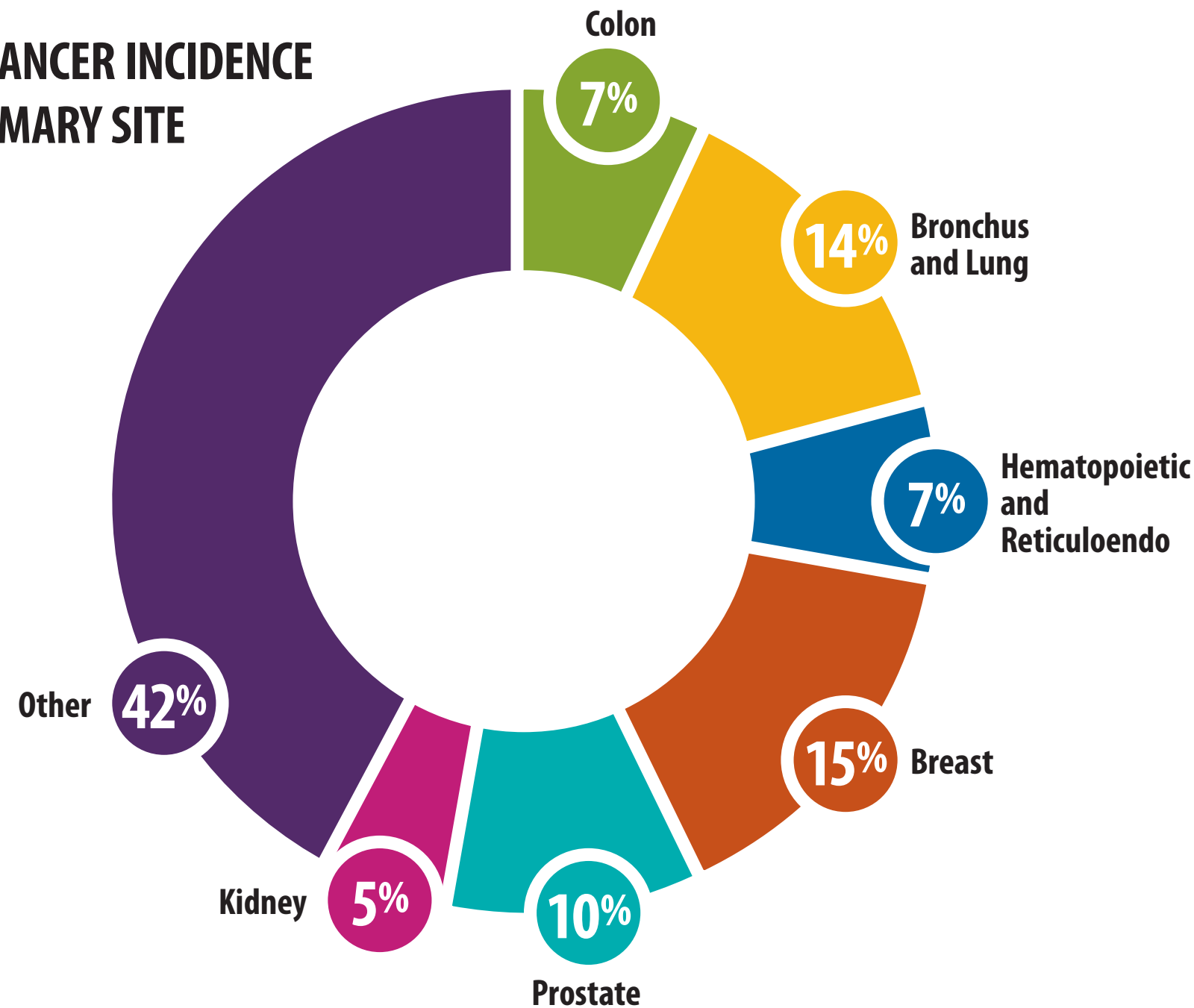
with mastectomy, whereas, there were no distant recurrences after lumpectomy + XRT. These distant recurrences are assumed to be related to an unavoidable rate of "misdiagnosis" of invasive disease as DCIS only. The distant recurrences after mastectomy also reflect a treatment bias toward mastectomy for the higher risk patients which would naturally result in higher rates of evolution into invasive disease. There were, incidentally, 4 local recurrences in the lumpectomy alone group. *See graphic below.*

Based upon this broad study of all DCIS cases treated at Archbold between 1988 and 2013, we can conclude that the local recurrence rates of our patients falls well below those of previously published data. The favorable results obtained at our institution and demonstrated in this study are in concordance with or better than the published results obtained by larger research institutions.

DCIS: LOCAL AND DISTANT RECURRENCES BY MODALITY



2013 CANCER INCIDENCE BY PRIMARY SITE



Cancer in Our Community

In 2013, Archbold gave
21,214
free screening tests to
9,070
screening participants during
65
free screening opportunities at
31
locations.

I really **appreciate** how **Archbold** makes free screenings **available to the entire public**. It shows **they genuinely care**.
Cathy Goins
Lewis Hall Singletary Oncology Center



The most appropriate way for us to reduce mortality in the communities we serve is through detection, most often performed through community screenings. To maximize our impact and operate efficiently, we determine the health needs in our communities through analysis of quantitative federal, state and local data, as well as seeking qualitative input from members of the community. In 2013, cancer, heart disease, stroke, obesity and diabetes were among the diseases we screened for in our communities.





Our Mission: To provide the citizens of South Georgia and North Florida with high quality, patient-focused healthcare in a cost-effective manner.

Our Vision: To be the Best Healthcare System in our region.

Our Values: Quality • Employee Satisfaction • Customer Service • Financial Stewardship • Community Benefit • Growth

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